CITY OF WILDWOOD COMMUNITY CENTER RENTAL CHAPERONE LIST

Any program or activity involving minors must be sponsored by a duly organized and approved adult non-profit organization. Members, or spouses of members, or the sponsoring organization shall act as chaperones, with **one adult chaperone for each 20 minors expected** to attend the function. \underline{A} <u>list of chaperones shall be furnished with the application</u>. All persons shall be attired in keeping with the activity.

| Chaperone #1: | Name: | | | | |
|---------------|-------|----------------|-----------------------------|--------|---|
| Address: | | | | | |
| | | Date of Birth: | / / / Month / Day / Year | Age: | |
| | | | | | |
| Chaperone #2: | Name: | | | | |
| Address: | | | | | |
| | | Date of Birth: | / / Month / Day / Year | Age: | |
| | | | <u> </u> | | |
| Chaperone #3: | Name: | | | | _ |
| Address: | | | | | |
| Phone Number: | | Date of | 1 1 | Λαο: | |
| | | Birth: | / / Month / Day / Year | Age. | |
| Chaperone #4: | Name: | | | | |
| Address: | | | | | |
| | | Date of | , , | | |
| Phone Number: | | Birth: | / / / Month / Day / Year | _ Age: | |
| Chaperone #5: | Name: | | | | |
| | | | | | |
| Address. | | Date of | | | |
| Phone Number: | | Birth: | / / Month / Day / Year | Age: | |
| | | | | | |
| Chaperone #6: | Name: | | | | _ |
| Address: | | | | | |
| Phone Number: | | Date of Birth: | / / | Age: | |
| | | | Month / Day / Year | | |